

Type a plus sign (+) inside this box → [+]

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<p align="center">DECLARATION</p> <p><input checked="" type="checkbox"/> Declaration Submitted With Initial Filing <input type="checkbox"/> Signed Declaration Submitted After Initial Filing</p>	Attorney Docket	UCONAP/207/US
	First Named Inventor	Alexandros Makriyannis
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

KETO CANNABINOIDS WITH THERAPEUTIC INDICATIONS

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ as PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Codes of Federal Regulations, §1.56.

I hereby claim foreign priority under Title 35, United States Code § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached	
			[] []	[] []	[] []

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YY)	[] Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/405,608 60/405,940	8/23/2002 8/26/2002	

EV 117 319 122 45

DECLARATION									
<p>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.</p>									
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)						
<p><input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto:</p>									
<p>As a named inventor, I hereby appoint in the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith, and direct that all correspondence be addressed to that Customer Number:</p>									
Firm Name:		Alix, Yale & Ristas, LLP				Customer Number:		002543	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>									
<p>Name of Sole or First Inventor <input type="checkbox"/> A petition has been filed for this unsigned inventor</p>									
Given Name	Alexandros	Middle Initial		Family Name	Makriyannis		Suffix		
Inventor's Signature							Date		
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POST OFFICE ADDRESS		3 Thomas Street							
City	Mystic	State	CT	ZIP	06355	Country	USA	Applicant Authority	
<p>Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor</p>									
Given Name	Dai	Middle Initial		Family Name	Lu		Suffix		
Inventor's Signature							Date		
RESIDENCE: City	Storrs	State	CT	Country	USA		Citizenship	CHINA	
POST OFFICE ADDRESS		1 Northwoods Road, Apt. 62							
City	Storrs	State	CT	ZIP	06268	Country	USA	Applicant Authority	
<p><input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.</p>									

Name of Additional Joint Inventor, if any:										[] A petition has been filed for this unsigned inventor												
Given Name		Xin-Zhong			Middle Initial					Family Name		Lai			Suffix							
Inventor's Signature												Date										
RESIDENCE: City		Storrs			State		CT		Country			USA			Citizenship		CHINA					
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City		Storrs			State		CT		ZIP		06268			Country		USA			Applicant Authority			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.																						
Name of Additional Joint Inventor, if any:										[] A petition has been filed for this unsigned inventor												
Given Name					Middle Initial					Family Name					Suffix							
Inventor's Signature												Date										
RESIDENCE: City					State				Country						Citizenship							
POST OFFICE ADDRESS																						
City					State				ZIP					Country					Applicant Authority			
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Name of Additional Joint Inventor, if any:										[] A petition has been filed for this unsigned inventor												
Given Name					Middle Initial					Family Name					Suffix							
Inventor's Signature												Date										
RESIDENCE: City					State				Country						Citizenship							
POST OFFICE ADDRESS																						
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